

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

Phone1, Inc.

Application for a Certificate of
Interexchange Authority
to Operate as a Reseller of
Telecommunications Services
in the Entire State of Illinois

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Docket No.

04-0580

ICC Office Use Only

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**

GENERAL

1. Applicants Name (including d/b/a, if any)

Phone1, Inc.
100 North Biscayne Boulevard, 25th Floor
Miami, Florida 33132
Phone: 305-371-3300
Fax: 305-371-4686
Toll-Free: 866-674-6631
FEIN # 65-1060211

2. Authority Requested: (Mark all that apply)

- ☐ 13-403 Facilities-Based Interexchange
☒ 13-404 Resale of Local and/or Interexchange
☐ 13-405 Facilities-Based Local

3. Request for waivers/variances:

In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

- ☒ Part 710 Uniform System of Accounts for Telecommunications Carriers
☐ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone directories for Local Exchange Telecommunications Carriers in the State of Illinois
☒ Section 735.180 Directories
☒ Other 83 Ill Adm. Code Part 250 (keeping administrative books in Illinois)

CHIEF CLERK

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4. **For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:**

- (a) **the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document**
- (b) **the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;**
- (c) **the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and**
- (d) **if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.**

Not Applicable. Phone1 does not offer local exchange services.

5. **In what area of the state does the Applicant propose to provide service?**

Phone1 proposes to offer its services statewide throughout Illinois.

6. **Please attach a sheet designating contact persons to work with Staff on the following:**

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

(a) **issues related to processing this application**

Monique Byrnes, Consultant to Phone1, Inc.
Technologies Management, Inc.
210 N. Park Avenue
Winter Park, FL 32789
Phone: 407-740-8575
Fax: 407-740-0613
E-Mail: mbyrnes@tminc.com

(b) **consumer issues**

Jon Leath, Director – Operator Services/Regulatory
Phone1, Inc.
100 North Biscayne Boulevard, 25th Floor
Miami, Florida 33132
Phone: 305-371-3300
Fax: 305-371-4686
Toll-Free: 866-674-6631
E-Mail: jleath@phone1.com

(c) **Customer complaint resolution**

Jon Leath, Director – Operator Services/Regulatory
Phone1, Inc.
100 North Biscayne Boulevard, 25th Floor
Miami, Florida 33132
Phone: 305-371-3300
Fax: 305-371-4686
Toll-Free: 866-674-6631
E-Mail: jleath@phone1.com

6. Please attach a sheet designating contact persons to work with Staff on the following:
(Cont'd.)

(d) **technical and service quality issues**

Jon Leath, Director – Operator Services/Regulatory
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(e) **“tariff” and pricing issues**

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(f) **9-1-1 issues**

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(g) **security/law enforcement**

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7. Please check type of organization?

- | | | |
|--------------------------------------|---|------------------|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Corporation | |
| <input type="checkbox"/> Partnership | Date Corporation was formed: | December 6, 2000 |
| | In What State? | Florida |
| <input type="checkbox"/> Other – LLC | | |

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

The Articles of Organization and a copy of Phone1's Secretary of State certificate are attached as Exhibit I.

9. List jurisdictions in which Applicant is offering service(s).

Phone1 will be offering its services to the entire State of Illinois.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

- ☐ Yes (please provide details)
☒ No

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

- ☐ Yes (please provide details)
☒ No

12. Has Applicant provided service under any other name?

- ☐ Yes (please provide list)
☒ No

13. Will the Applicant keep its books and records in Illinois?

- ☐ Yes
☒ No (if No, permission pursuant to 83 Ill Adm. Code Part 250 needs to be requested).

Please see question No. 3.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

Please see Exhibit II for the Company's resumes of key personnel.

15. List officers of Applicant.

Phone1, Inc. is a wholly owned subsidiary of Phone1Globalwide, Inc., a public company.

The following individuals are officers and directors of Phone1, Inc. and can be reached at the company's corporate headquarters at 100 North Biscayne Boulevard, 25th Floor, Miami, Florida 33132

Lou Giordano	Chairman of the Board
Mike Spritzer	Director
Rick Haller	Director
Dario Echeverry	Director, President and CEO
Dilowe Barker	Chief Operating Officer
Syed Naqvi	Chief Financial Officer
Federico Fuentes	Chief Technology Officer

16. Does any officer of Applicant have an ownership or other interest in any other entity that has provided or is currently providing telecommunications services?

☐ Yes (is Yes, list entity.)
☒ No

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

The Company will bill through the Customer's local exchange carrier for aggregator operator services calls. Direct dial calls through Phone1 are only coin-in-the-box payphone calls and are not billed. Customers make those calls through pay telephone coin deposits.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the Customer is notified by Applicant that they may seek assistance from the Commission?)

Customers may reach the Company at the toll-free Customer service number, 866-674-6631. In addition, Customers may contact the Company in writing at Phone1, Inc., 100 North Biscayne Boulevard, 25th Floor, Miami, Florida 33132.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing?

☒ Yes
☐ No

20. What telephone number(s) would a Customer use to contact your Company?

Phone1's Customer services toll-free phone number is 866-674-6631.

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ Yes
☐ No

22. Please describe applicant's procedures to prevent slamming and cramming of Customers?

The Company does not offer pre-subscribed services. Phone1 offers direct dial and operator assisted services to aggregator locations only.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

☐ Yes
☐ No (If No, please provide an explanation)
☒ Not Applicable. Network PTS does not offer local exchange services.

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ Yes
☐ No

FINANCIAL

Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Applicant submits the financial statements of its parent company, Phone1Globalwide, Inc. Sheet in Exhibit III.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities?

- ☐ Yes (if Yes, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities)
- ☒ No (If No, which facility provider(s) services does the Applicant intend to use:

Phone1 will be utilizing the facilities of its underlying carriers, MCI, Global Crossing and AT&T.

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Phone1, Inc. intends to provide direct dial and operator services to aggregator locations such as pay telephones, throughout the State of Illinois.

Service will be offered to the general public. Service will be provided twenty-four (24) hours per day, seven (7) days a week.

Service is provided through underlying carriers that have been selected for the best combination of quality and price.

28. Will technical personnel be available at all times to assist Customers with service problems?

- ☒ Yes
- ☐ No

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to:

- (a) touch dialing;
- (b) access to 9-1-1 and "0" operator dialing without use of a coin;
- (c) rules governing use of payphones by disabled persons;
- (d) ability to complete local and long-distance calls;
- (e) unlimited duration for local calls; and
- (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls?

- ☐ Yes
- ☐ No
- ☒ Not Applicable.



Jon Leath
Director - Operator Services/Regulatory
Phone4, Inc.

Date: June 3, 2004

VERIFICATION

This application shall be verified under oath.

OATH

STATE OF FLORIDA

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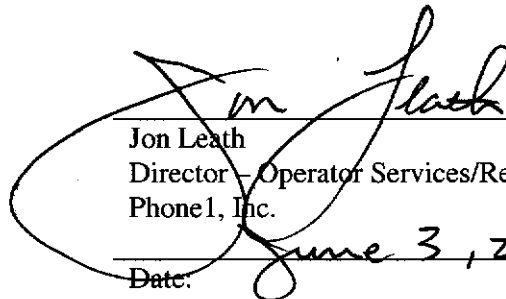
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COUNTY OF ~~DADE~~

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Jon Leath, makes oath and says that he is the Director – Operator Services/Regulatory for Phone1, Inc.; that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.



Jon Leath
Director – Operator Services/Regulatory
Phone1, Inc.

Date: June 3, 2004

Subscribed and sworn before me this 3 day of June 2004.
By Jon Leath, who is personally known to me.

My Commission expires on: _____

(NOTARY PUBLIC)





Kosta Kreiman
Commission # DD 010651
Expires March 19, 2005
Bonded Thru
Atlantic Bonding Co., Inc.